

A5. BASELINE QUANTITATIVE QUESTIONNAIRE

Thank you for agreeing to take this survey. This survey will take approximately 40 minutes. There are eight different sections I will guide you through. If you feel uncomfortable at any point, please let me know and we can skip that question.

Section 1: Demographics and Household Composition

In this first section of the survey I am going to ask you some information about your background and the place where you live.

a. Demographics

1A01. How old are you?

- _____ Years [Note: individuals under 18 are ineligible for participation in this survey. If someone reports being under 18, thank them for their time and discontinue the survey.]
- Don't know [Probe for best guess]

[If 1A01=="Prefer not to answer", go to 1A02; else skip to 1A03]:

1A02. Are you under the age of 18?

- Yes
- No

[If 1A02==Yes, thank the participant for their time and discontinue the survey]

[If study == "HSPOT"]

1A03. Where were you born? (Ask participant for province or country if they were not born in Uganda)

- Central (Uganda)
- Mid-western (Uganda)
- South Western (Uganda)
- East Central (Uganda)
- Eastern (Uganda)
- North East (Uganda)
- Northern (Uganda)
- West Nile (Uganda)
- Kenya
- Tanzania
- Rwanda
- Burundi
- DR Congo
- Sudan
- Other: _____

[If study == "ZEST"]

1A03. Where were you born? (Ask participant for province or country if they were not born in Zambia)

- Central province (Zambia)
- Copperbelt province (Zambia)
- Eastern province (Zambia)
- Luapula province (Zambia)
- Lusaka province (Zambia)
- Muchinga province (Zambia)
- Northern province (Zambia)
- North-Western province (Zambia)
- Southern province (Zambia)
- Western province (Zambia)
- Zimbabwe
- Botswana
- Namibia
- Malawi
- South Africa
- Mozambique
- Other: _____
- Prefer not to answer

1A04. What is your current marital status?

- Never married
- Married (including traditional marriage)
- Divorced/Separated
- Widowed
- Living together/living in communion
- Other
- Prefer not to answer

1A05. What is your highest level of education?

- No formal education
- Primary/Junior (up to 9 years)
- Secondary (9 to 12 years)
- High School
- Vocational
- Tertiary (university or beyond)
- Prefer not to answer

1A06. Can you read and write?

- Yes
- No
- Prefer not to answer

[If study == "HSPOT"]

1A07. What is your average monthly income?

- No income
- <120000 UGX

- 120001-250000 UGX
- 250001-500000 UGX
- 500001-1000000 UGX
- >1000000 UGX
- Prefer not to answer

[If study == "ZEST"]

1A07. What is your average monthly income?

- No income
- <250 kwacha
- 251-500 kwacha
- 501-1000 kwacha
- 1001-1500 kwacha
- >1500 kwacha
- Prefer not to answer

1A08. How would you classify your financial situation these days?

- Very comfortable
- Comfortable
- Just getting by
- Poor
- Very poor
- Prefer not to answer

1A09. Do you own a mobile phone?

- Yes
- No
- Prefer not to answer

1A10. Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are best off, those who have the most money, most education, and best jobs. At the bottom are the people who are worst off, those who have the least money, least education, and worst jobs or no job. Where would you put yourself on the ladder?



(SOURCE: Adler, Nancy et al “Relationship of subjective and objective social status with psychological and physiological functioning: Preliminary data in healthy, white women” Health Psychology, 2000.)

b. Household information

Now I would like to ask you some questions about the place where you currently reside.

1B01. Where do you currently reside? *Give examples...*

- A house you own
- A house you rent
- A rented room in a guesthouse
- A rented room elsewhere
- A free room in a guesthouse
- A free room at a friend’s or relative’s house
- Other
- Prefer not to answer

1B02. Do you live:

- Alone
- With other family members
- With other sex workers
- With other non-family members
- Other
- Prefer not to answer

1B03. Are you currently living with your spouse or another sexual partner?

- Yes
- No
- Prefer not to answer

1B04. How long have you been living in this place?

- Always
- Less than 6 months
- 6-12 months
- >1-2 years
- >2-5 years
- >5 years
- Prefer not to answer

Section 2: Professional Information, including Sexual Behavior with Clients

In the second section I would like to ask you questions related to your work and sexual behaviors.

a. Sex work history

2A01. At what age did you first start having sex (vaginal, oral, or anal)?

- _____ years
- Prefer not to answer

2A02. At what age did you first start having sex (vaginal, oral, or anal) in exchange for money, drugs, or other things of value?

- _____ years
- Prefer not to answer

2A03. What are some reasons why you first started working in sex work? (*ask participant to describe reasons and check appropriate boxes or write in response if not on the list*)

- Could not find another job
- To financially support family
- To pay for education
- To support drug/alcohol use
- Other financial reasons
- Because it was exciting/glamorous
- Curiosity
- Friend/person in my social network was doing it
- Forced/trafficked/coerced
- Other (if other, give reason)
- Prefer not to answer

2A04. Did you earn any income in the last year from sources other than sex work?

- Yes
- No
- Prefer not to answer

2A05. Have you ever been harassed by the police for being a sex worker?

- Yes
- No
- Prefer not to answer

2A06. Have you ever been arrested or incarcerated (put in police cells or prison)?

- Yes
- No
- Prefer not to answer

[If 2A06="Yes", go to 2A07; else skip to 2B01]:

2A07. [If yes to 2A06] What was the approximate date of your last arrest/incarceration?

2A08. [If yes to 2A06] Was your arrest/incarceration related to sex work?

- Yes
- No
- Prefer not to answer

b. Sexual behaviors with clients/while working

Now I would like to ask you about sexual behaviors with clients. By clients, I mean people who have given you money, goods, drugs, gifts, or other items in exchange for sex.

2B01. What services are you willing to provide to your clients (check all that apply):

- Vaginal sex
- Oral sex/blow job
- Hand job/manual relief
- Anal sex
- Kissing
- Group sex (more than two people)
- Other
- Prefer not to answer

2B02. When you are working, how often are condoms available to you?

- Never
- Seldom
- Sometimes
- Often
- Always
- Prefer not to answer

2B03. When condoms are available, how much do they cost you?

- No cost
- _____ kwacha
- Prefer not to answer

2B04. How often do you ask clients to use a condom?

- Never
- Seldom
- Sometimes
- Often
- Always
- Prefer not to answer

2B05. How often do clients request that you use a condom?

- Never
- Seldom
- Sometimes
- Often
- Always
- Prefer not to answer

2B06. How often do clients request that you do not use a condom?

- Never
- Seldom
- Sometimes

- Often
- Always
- Prefer not to answer

[If vaginal sex reported in 2B01, else skip to 2B11]

2B09. On average, how much do you charge for vaginal sex with a condom?

- _____ UGX
- I prefer not to answer

2B10. On average, how much do you charge for vaginal sex without a condom?

- _____ UGX
- I prefer not to answer

[If response to 2B01 includes anal sex, ask 2B11 and 2B12, else skip to 2B13]

2B11. On average, how much do you charge for anal sex with a condom?

- _____ UGX
- I prefer not to answer

2B12. On average, how much do you charge for anal sex without a condom?

- _____ UGX
- I prefer not to answer

2B13. On an average night, how many sexual clients do you think other sex workers in [Kampala] have?

- _____ clients
- Prefer not to answer

2B14. On an average night when you are working, how many sexual clients do you have?

- _____ clients
- Prefer not to answer

2B15. Of there [2B14] clients, with how many do you usually use a condom?

- _____ clients
- Prefer not to answer

Section 3: Non-Commercial Sexual Behavior and Reproductive Health

In the third section I would like to ask you questions related to your reproductive health and sexual behaviors with men who are not clients.

a. Parity

3A01. Have you ever been pregnant?

- Yes
- No
- Prefer not to answer

[If 3A01==‘YES’, else skip to section 3B]

3A02. How many times have you been pregnant?

- _____ times
- Unsure
- Prefer not to answer

3A03. How many living children do you have?

- _____ children
- Prefer not to answer

3A04. If your last pregnancy was in the last four years, did you go to an antenatal clinic?

- Yes
- No
- Last pregnancy not in last four years
- Prefer not to answer

3A05. Have you ever been pregnant when you did not want to be?

- Yes
- No
- Prefer not to answer

3A05. [If yes to 3A05] Were you using any method or doing something to delay or avoid getting pregnant at the time of your unwanted pregnancy?

- Yes
- No
- Prefer not to answer

3A06. Have you ever been in a position where you or someone else has had to do something to end your pregnancy?

- Yes
- No
- Prefer not to answer

b. Family planning (general)

3B01. Are you currently using a method for family planning, or to avoid becoming pregnant?

- Yes
- No
- Prefer not to answer

3B02. [If “Yes” to 3B01] What method of family planning are you currently using (check all that apply)

- Condoms
- Oral birth control pill
- Injectable (e.g., depo-provera)
- Implant (e.g., norplant)

- Intrauterine device (IUD)
- Vaginal Ring
- Withdrawal
- Rhythm (fertility awareness)
- Other (describe)
- Prefer not to answer

3B03. [If “No” to 3B01] What are some reasons you are not currently using family planning (*ask participant to list reasons and check appropriate boxes or write in response if not on the list*)

- Trying to get pregnant
- Cost
- Lack of access to a clinic (due to distance or mobility)
- Lack of access to a clinic (due to stigma or discrimination)
- Lack of access due to shortages at clinics/health centers
- Fear of side effects
- Partner does not want to
- Other: _____
- Prefer not to answer

c. Primary partnership

3C01. Do you have a primary or main sexual partner who is not a client (e.g., a husband or boyfriend)?

- Yes
- No
- Prefer not to answer

[If 3C01==“Yes”, go to 3C02; else skip to 3C04]:

3C02. [If “Yes” to 3C01] On average, how often do you use a condom with this partner for vaginal or anal sex?

- Never
- Seldom
- Sometimes
- Often
- Always
- Prefer not to answer

3C03. Does your main partner know that you exchange sex for money and/or goods?

- Yes
- No
- Prefer not to answer

3C04. During the last 12 months, how many sexual partners have you had that are not clients?

- _____ partners
- Prefer not to answer

[If 3C04==0, skip to Section 4]

3C05. Of these [3C04] partners, how many did you ever use condoms with during sex in the last 12 months?

- _____ partners
- Prefer not to answer

Section 4: HIV and HIV Testing KABP

In the fourth section I would like to ask some questions specifically related to HIV.

a. HIV priors/risk perception

For these next questions I want to know how likely you think it is that an event will happen. We are going to use a ladder again to represent how likely you think each event is. The bottom rung of the ladder represents something that is very very unlikely to happen (for example: the chance a lion rides a bicycle through Kampala). The top rung of the ladder represents something that will happen with certainty (for example: the chance the sun is going to set this evening). The middle stop represents something that is equally likely to happen and not happen (like flipping a coin). Do you have any questions about the ladder?

[Testing ladder understanding] Where would you put on the ladder the chance it will snow in Kampala tomorrow? *Verify she puts this on the bottom rung of the ladder – if not, re-explain.*



4A01. How likely is it that you currently have HIV?

- Ladder step: _____
- Prefer not to answer

4A02. How likely is it that you will contract HIV in the next year?

- Ladder step: _____
- Prefer not to answer

4A03. If a HIV negative woman has vaginal sex once with an HIV positive man and they do not use a condom, how likely is that woman to contract HIV?

- Ladder step: _____
- Prefer not to answer

4A04. What are ways you can reduce your risk of contracting HIV? *Don't read answers, ask participant to list ways, check all that apply*

- Use condoms
- Select HIV negative partners
- Reduce number of partners
- Other: _____
- Prefer not to answer

4A05. How likely are you take actions that reduce your risk of contracting HIV?

- Very likely
- Somewhat likely
- Unlikely
- Very unlikely
- Prefer not to answer

[If study = "HSPOT"]

4A06. For every 10 female sex workers in Kampala, how many of them do you think are currently living with HIV?

- Number: _____
- Prefer not to answer

4A07. For every 10 clients of female sex workers in Kampala, how many of them do you think are currently living with HIV?

- Number: _____
- Prefer not to answer

[If study = "ZEST"]

4A06. For every 10 female sex workers in [Livingstone/Chirundu/Kapiri], how many of them do you think are currently living with HIV?

- Number: _____
- Prefer not to answer

4A07. For every 10 clients of female sex workers in [Livingstone/Chirundu/Kapiri], how many of them do you think are currently living with HIV?

- Number: _____
- Prefer not to answer

b. HIV knowledge (HIV-KQ-18)

I am going to read you a number of statements that test your HIV knowledge. After I read each statement, please indicate if you think the statement is "True" or "False."

<i>Question</i>	<i>True</i>	<i>False</i>	<i>Don't know/not sure</i>	<i>Prefer not to answer</i>
4B01. Coughing and sneezing DO NOT spread HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B02. A person can get HIV by sharing a glass of water with someone who has HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B03. Pulling out the penis before a man climaxes/cums keeps a women from getting HIV during sex.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B04. A women can get HIV if she has anal sex with a man.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B05. Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B06. All pregnant women infected with HIV will have babies born with AIDS.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B07. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B08. Having sex with more than one partner can increase a person's chance of being infected with HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4B09. A person can get HIV from oral sex.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

c. HIV knowledge status

Now we are going to move on to questions related to your own experience with HIV.

4C01. How often do you ask a client to share their HIV status with you before engaging in sex?

- Never
- Seldom
- Sometimes
- Often
- Always
- Prefer not to answer

4C02. How often does a client ask you to share your HIV status with them before engaging in sex?

- Never
- Seldom
- Sometimes
- Often
- Always
- Prefer not to answer

4C03. Thinking about the last client you had vaginal sex with, did knowledge of your partner's HIV status factor into your decision to use a condom?

- Yes
- No
- Don't know client's HIV status
- Prefer not to answer

4C04. Thinking about the last client you had vaginal sex with, did knowledge of your own or HIV status factor into your decision to use a condom?

- Yes
- No
- Prefer not to answer

4C05. [If "Yes" to 3C01] Are you aware of the HIV status of your primary sexual partner who is not a client?

- Yes
- No
- Don't know/not sure
- Prefer not to answer

[If 3C01==0, skip to Section 4C]

4C06. Of your [3C04] sexual partners who are not clients, how many do you know their HIV status?

- _____ partners
- Prefer not to answer

d. HIV testing history and practices

4D01. I don't want to know the results, but have you ever been tested for HIV?

- Yes
- No
- Don't know/not sure
- Prefer not to answer

4D02. [If 4C01== No] What is the primary reason you have never been tested for HIV?

- Don't know where to go for a test
- Distance to clinic
- No time to get tested
- Sure I am not infected
- Afraid of the result
- Afraid of blood
- Fear of stigma
- Don't think test is confidential
- Too expensive
- Other: _____
- Prefer not to answer

[If 4D01==No, skip to Section 4D]

4D03. How many months ago was your most recent test?

- _____ months
- Prefer not to answer

4D04. When you last tested for HIV, did you disclose that you are a sex worker?

- Yes
- No
- Prefer not to answer

4D05. I don't want to know the results, but did you get the results of your most recent test?

- Yes
- No
- Prefer not to answer

4D06. Where was your most recent test done?

- Public sector
- Private medical sector
- Antenatal care clinic
- Home
- Workplace
- Other
- Prefer not to answer

4D07. When you went to test for HIV who, if anyone, accompanied you?

- No one, tested alone
- Another FSW
- Main sexual partner
- A client
- Queen mother
- Family member
- Friend
- Other
- Prefer not to answer

4D08. Who, if anyone, accompanied you when you got the results of your test?

- No one, received the results alone
- Another FSW
- Main sexual partner
- A client
- Queen mother
- Family member
- Friend
- Other
- Prefer not to answer

4D09. How much did you spend on your last HIV test?

- Test was free
- _____ UGX/Kwacha
- I prefer not to answer

e. *HIV self-testing interest/awareness*

4E01. Prior to today, had you ever heard of test kits people can use to test themselves for HIV?

- Yes
- No
- I don't know
- Prefer not to answer

4E02. Would you ever consider using a self-test kit to test yourself for HIV?

- Definitely
- Probably
- Maybe
- Probably not
- Definitely not
- Prefer not to answer

4E03. Would you believe the results of a new HIV test that was not blood based, but instead relied on an oral swab?

- Definitely
- Probably
- Maybe
- Probably not
- Definitely not
- Prefer not to answer

f. *PEP awareness/use*

4F01. Have you ever heard of a drug called post-exposure prophylaxis (PEP), that you can take AFTER potential exposure to HIV to prevent getting HIV?

- Yes
- No
- I don't know
- I prefer not to answer

4F02. Have you ever taken PEP before?

- Yes
- No
- I don't know
- I prefer not to answer

Section 5: Physical and Behavioral Health, Access to Healthcare

In the fifth section I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone.

a. Lifetime abuse history (physical, emotional, sexual)

Now I am going to ask you some questions about experiences from BEFORE you were 15 years old.

5A01. Before you were 15 years old, did anyone ever hit, slap, kick, or do anything else to hurt you physically?

- Yes
- No
- Prefer not to answer

5A02. Before you were 15 years old, did anyone ever physically force you to have sexual intercourse or perform other sexual acts with them, even when you did not want to?

- Yes
- No
- Prefer not to answer

Now I am going to ask you some questions about experiences from AFTER you were 15 years old.

5A03. From the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?

- Yes
- No
- Prefer not to answer

5A04. [If 5A03== Yes] Who has physically hurt you in this way? *Check all that apply.*

- Parent, step-parent, or parent-in-law
- Sibling
- Child
- Other relative
- Female friend/acquaintance
- Male friend/acquaintance
- Client/sex work partner
- Non-client boyfriend or partner
- Police
- Brothel owner or Queen Mother
- Another sex worker
- Other

5A05. From the time you were 15 years old has anyone physically forced you to have sexual intercourse or perform other sexual acts even when you did not want to?

- Yes
- No

- Prefer not to answer

5A06. [If 5A05== Yes] Who has sexually assaulted you in this way? *Check all that apply.*

- Parent, step-parent, or parent-in-law
- Sibling
- Child
- Other relative
- Female friend/acquaintance
- Male friend/acquaintance
- Client/sex work partner
- Non-client boyfriend or partner
- Police
- Brothel owner or Queen Mother
- Another sex worker
- Other
- Prefer not to answer

For these next questions I want you to think just about the past 12 months.

5A07. In the past 12 months, has a sexual partner ever hit, slapped, punched, pushed, shoved or done anything else to physically hurt you?

- Yes
- No
- Prefer not to answer

5A08. [If 5A07=="Yes"] What was your relationship to this partner (or partners)? *Check all that apply.*

- Client
- Primary partner
- Casual partner
- Prefer not to answer

5A09. In the past 12 months, has a sexual partner ever physically forced you to have sex when you did not want to?

- Yes
- No
- Prefer not to answer

5A10. [If 5A09=="Yes"] What was your relationship to this partner (or partners)? *Check all that apply.*

- Client
- Primary partner
- Casual partner
- Prefer not to answer

5A11. In the past 12 months, have you had sex when you did not want to, because you were afraid of what your partner would do if you refused?

- Yes
- No

- Prefer not to answer

5A12. [If 5A11=="Yes"] What was your relationship to this partner (or partners)? *Check all that apply.*

- Client
- Primary partner
- Casual partner
- Prefer not to answer

b. Access to Healthcare

Now I want to ask you some questions about your experiences seeking healthcare.

5B01. When you need healthcare, where do you go to seek care? *(check all that apply)*

- Community clinic
- Government hospital
- Faith-based hospital
- Private doctor's office
- Traditional healer
- Other _____
- Prefer not to answer

5B02. In the past 12 months, has there been a time when you needed healthcare but were unable to access it?

- Yes
- No
- I don't know
- Prefer not to answer

5B03. What, if anything, has made it difficult for you to get the healthcare you need? *Do not read options, check all that apply*

- I don't have transportation
- I don't know where to get services
- Proximity of clinic
- I don't have money for services
- Scheduled times that services are available are not good for my schedule
- I don't have time
- I don't feel comfortable going
- I feel judged or discriminated against
- I have not had difficulty getting the care I need
- Other: _____
- Prefer not to answer

Please indicate whether you agree or disagree with the following statements:

5B04. I feel comfortable speaking with my medical care provider about working in sex work

- Agree

- Disagree
- Prefer not to answer

5B05. I feel that my medical care providers judge me for working in sex work

- Agree
- Disagree
- Prefer not to answer

c. Diagnosed STI history/STI testing history

5C01. Have you ever been tested for sexually transmitted infections other than HIV?

- Yes
- No
- I don't know
- Prefer not to answer

[If 5C01=="No", skip to Section 5D]

5C02. How long ago were you last tested for a sexually transmitted disease other than HIV?

- _____ months
- Prefer not to answer

5C03. Have you ever been told by a medical professional that you have a sexually transmitted disease other than HIV?

- Yes
- No
- I don't know
- Prefer not to answer

d. Alcohol Use

Now I am going to ask you some questions about your use of alcoholic beverages during the past 12 months. By "alcoholic beverages", I mean a beer, a glass of wine, etc. (Mini AUDIT)

5D01. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times per week
- 4 or more times per week
- Prefer not to answer

5D02. [If 5D01 is not "Never"] How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6

- 7, 8, or 9
- 10 or more
- Prefer not to answer

5D03. [If 5D01 is not "Never"] How often do you have 6 or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Prefer not to answer

5D04. In the last month, how often have you drunk alcohol just before or during work?

- Never/don't drink
- Rarely
- Sometimes
- Most times
- Every time
- Prefer not to answer

e. Substance use

Now I am going to ask you some questions about your use of substances other than alcohol during the past 12 months.

5E01. In the past 12 months, have you taken any intoxicating substances or drugs (including oral, sniffing, injection, or other common methods for using substances)?

- Yes
- No
- I don't know
- Prefer not to answer

5E02. [If 5E01=="Yes"] Which substances have you taken in the past 12 months?

- Marijuana or hashish
- Petrol/solvent/petroleum products
- Khat/miraa
- Heroin
- Opium
- Cocaine/crack
- Amphetamines
- Multiple drugs/combination (cocktail)
- Drugs/herbs from a traditional healer
- Other: _____
- Don't know
- Prefer not to answer

[Loop for each substance recorded in 5E02]

5E03. How often have you taken [substance recorded in 5E02] in the past 12 months?

- Daily
- 3 to 4 times a week
- About once a week
- About once a month
- Less than once a month
- Prefer not to answer

5E04. In the past 12 months, have you injected any drugs that were not prescribed by a professional?

- Yes
- No
- I don't know
- Prefer not to answer

5E05. [If 5E04=="Yes"] In the past 12 months, have you used a needle or syringe to inject drugs that had already been used by another person?

- Yes
- No
- I don't know
- Prefer not to answer

5E06. [If 5E01=="Yes" | If 5E04=="Yes"] In the last month, how often have you taken drugs just before or during work?

- Never/don't use drugs
- Rarely
- Sometimes
- Most times
- Every time
- Prefer not to answer

Section 6: Psychosocial Health

In the sixth section I would like to ask you questions about your beliefs and feelings.

a. Fatalism

Now I am going to read you a number of statements about yourself. After each statement I want you to tell me whether you "strongly disagree", "disagree", "agree" or "strongly agree."

<i>Question</i>	<i>Strong disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Prefer not to answer</i>
<i>Predetermination</i>					
6A01. "If someone is meant to get HIV, it doesn't matter what precautions they take, they will get HIV anyways"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6A02. "How long I live is predetermined"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Luck</i>					
6A03. "I will get HIV if I am unlucky"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6A04. "My health is a matter of luck"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Pessimism</i>					
6A05. "Everything that goes wrong for me does"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6A06. "There is really no way I can solve some the problems I have"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(Select questions, modified for HIV, from: Shen L, Condit C, Wright L. The Psychometric Property and Validation of a Fatalism Scale. *Psychol Health* 2009 June; 24(5): 597-613)

b. Personal preferences

6B01. **[AVOIDANCE]** When I feel scared or worried about something I try to avoid it. (SOURCE: Whiteside, 2013)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Prefer not to answer

6B02. **[TRUST]** "I assume that people have only the best intentions."

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Prefer not to answer

6B03. **[POSITIVE RECIPROCITY]** When someone does me a favor I am willing to return it.

- Strongly disagree
- Disagree
- Agree

- Strongly agree
- Prefer not to answer

6B04. **[NEGATIVE RECIPROCITY]** If I am treated unjustly, I will take revenge at the first occasion, even if there is a cost to do so.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Prefer not to answer

The next set of statements are going to ask about your willingness to do different things. After each statement I want you to tell me whether you are “strongly unwilling”, “somewhat unwilling”, “somewhat willing” or “strongly agree.”

6B05. **[NEGATIVE RECIPROCITY]** How willing are you to punish someone who treats you unfairly, even if there may be costs for you?

- Very unwilling
- Somewhat unwilling
- Somewhat willing
- Very willing
- Prefer not to answer

6B06. **[NEGATIVE RECIPROCITY]** How willing are you to punish someone who treats others unfairly, even if there may be costs for you?

- Very unwilling
- Somewhat unwilling
- Somewhat willing
- Very willing
- Prefer not to answer

6B07. **[RISK TAKING]** Please tell me, in general, how willing or unwilling you are to take risks.

- Very unwilling
- Somewhat unwilling
- Somewhat willing
- Very willing
- Prefer not to answer

6B08. **[TIME DISCOUNTING]** How willing are you to give up something that is beneficial for you today in order to benefit more from that in the future?

- Very unwilling
- Somewhat unwilling
- Somewhat willing
- Very willing
- Prefer not to answer

6B09. **[ALTRUISM]** How willing are you to give to good causes without expecting anything in return?

- Very unwilling

- Somewhat unwilling
- Somewhat willing
- Very willing
- Prefer not to answer

(Modified the streamline module from: Armin Falk, Anke Becker, Thomas Dohmen, David Huffman, and Uwe Sunde (2016), The Preference Survey Module: A Validated Instrument for Measuring Risk, Time, and Social Preferences, IZA Discussion Paper No. 9674)

c. General Self-Efficacy Scale (GSE)

Now I am going to read you a number of statements about yourself. After each statement I want you to tell me if you think the statement is “false”, “somewhat false”, “somewhat true”, or “true.”

<i>Question</i>	<i>False</i>	<i>Somewhat false</i>	<i>Somewhat true</i>	<i>True</i>	<i>Prefer not to answer</i>
6C01. “I can always manage to solve difficult problems if I try hard enough.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C02. “If someone opposes me, I can find the means and ways to get what I want.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C03. “It is easy for me to stick to my aims and accomplish my goals.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C04. “I am confident that I could deal efficiently with unexpected events.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C05. “Thanks to my resourcefulness, I know how to handle unforeseen situations.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C06. “I can solve most problems if I invest the necessary effort.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C07. “I can remain calm when facing difficulties because I can rely on my coping abilities”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C08. “When I am confronted with a problem, I can usually find several solutions.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C09. “If I am in trouble, I can usually think of a solution.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6C10. “I can usually handle whatever comes my way.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(Source: Schwarzer R, Jerusalem M (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON).

d. Empowerment (e.g. power within)

Now I am going to ask you some questions about your relationship with other sex workers.

6D01. "I feel a strong sense of unity with sex workers I work with"

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Prefer not to answer

6D02. "I feel a strong sense of unity with sex workers I do not know"

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Prefer not to answer

6D03. "In the past 12 months, I have stood up to someone to help a fellow sex worker"

- Yes
- No
- Not sure
- Prefer not to answer

6D04. In the past year, have you attended any public events where you could be identified as a sex worker?

- Yes
- No
- Not sure
- Prefer not to answer

6D05. In the past month, was there a time when you wanted to use a condom during sexual intercourse with a client but did not use it?

- Yes
- No
- Not sure
- Prefer not to answer

(Source: Beattie et al, Community empowerment and mobilization of female sex workers in Karnataka State, South India: Associations with HIV and sexually transmitted infection risk." *AJPH*, 2014).

e. Depression (PHQ-9)

Now I am going to ask you about your feelings. I am going to read you a list of problems and after each problem I want you to tell me how often you have felt this way over the past two weeks. Your options for response are “not at all”, “several days”, “more than half the days,” or “nearly every day.”

Over the last two weeks, how often have you...

<i>Question</i>	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>	<i>Prefer not to answer</i>
6E01. Had little interest or pleasure in doing things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E02. Felt down, depressed, or hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E03. Had trouble falling or staying asleep, or sleeping too much?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E04. Felt tired or having little energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E05. Had a poor appetite or overeating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E06. Felt bad about yourself - or that you are a failure or have let yourself or your family down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E07. Had trouble concentrating on things, such as reading the newspaper or watching television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E08. Moved or spoke so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6E09. Thought that you would be better off dead, or thought of hurting yourself in some way?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(SOURCE: Kroenke, Kurt, and Robert L. Spitzer. "The PHQ-9: a new depression diagnostic and severity measure." *Psychiatric annals* 32.9 (2002): 509-515; Validated in Swahili: Smith Fawzi, Mary. Manuscript in preparation.)

f. HIV stigma

Now I am going to ask you some questions about your perceptions of people living with HIV. Please answer whether you “agree” or “disagree” with the following statements.

<i>Question</i>	<i>Agree</i>	<i>Disagree</i>	<i>Prefer not to answer</i>
6F01. People who have HIV are dirty.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F02. People who have HIV are cursed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F03. People who have HIV should be ashamed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F04. It is safe for people who have HIV to work with children.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F05. People with HIV must expect some restrictions on their freedom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F06. A person with HIV must have done something wrong and deserves to be punished.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F07. People who have HIV should be isolated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F08. I do not want to be friends with someone with HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6F09. People who have HIV should not be allowed to work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(SOURCE: Kalichman, Seth C., et al. "Development of a brief scale to measure AIDS-related stigma in South Africa." AIDS and Behavior 9.2 (2005): 135-143.)

g. Sex work stigma

Now I am going to ask you some questions about your experience as a sex worker. Please answer whether any of the following experiences have “never” happened, have happened “once or twice”, have happened “a few times”, or have happened “many times.”

<i>Question</i>	<i>Never</i>	<i>Once or twice</i>	<i>A few times</i>	<i>Many times</i>	<i>Prefer not to answer</i>
6G01. How often have you been made fun of or called names for engaging in sex work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6G02. How often have you been hit, beaten, or sexually assaulted for engaging in sex work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6G03. How often have you heard that sex work or sex workers are not normal?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6G04. How often have you felt that people would dislike you if they know that you are a sex worker?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6G05. How often have you felt afraid of being harassed or arrested by the police for engaging in sex work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6G06. How often have people's comments and actions toward sex workers affected your emotional and mental wellbeing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

h. Social support

Now I would like you to listen to each of the following statements, and tell me how much you agree with it: either "as much as I would like", "less than I would like", "much less than I would like" or "never".

<i>Question</i>	<i>Never</i>	<i>Much less than I would like</i>	<i>Less than I would like</i>	<i>As much as I would like</i>	<i>Prefer not to answer</i>
6H01. I get visits from friends and relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H02. I get useful advice about important things in my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H03. I get chances to talk to someone about problems at work or with my housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H04. I get chances to talk to someone I trust about my personal and family problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H05. I have people who care what happens to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H06. I get love and affection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H07. I get help around the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H08. I get help with money in an emergency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H09. I get help when I need transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6H10. I get help when I am sick	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(SOURCE: Broadhead WE, Gehlbach SH, de Gruy FV, Kaplan BH: **The Duke-UNC Functional Social Support Questionnaire: Measurement of Social Support in Family Medicine Patients.** *Medical Care* 1988, 26:709-723)

Section 7: Survey experiments

In the seventh section I am going to read you some lists of statements and ask you how many statements apply to you.

7A01. Condom use

Here is a list of things that some people have done. Please read them and choose HOW MANY you have experienced. Do not report which ones apply to you, just how many.

List A [Randomly show 50% of the time]

1. Green is my favorite color
2. I have a brother
3. I can swim
4. I have had an x-ray at a health clinic
5. I have eaten fruit this week

List B [Randomly show 50% of the time]

1. Green is my favorite color
2. I have a brother
3. I can swim
4. I did not use a condom the last time I had sex with a client
5. I have had an x-ray at a health clinic
6. I have eaten fruit this week

How MANY of these have you experienced:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- Prefer not to answer

7A02. Sexual violence

Here is a list of things that some people have done. Please listen to them and tell me HOW MANY you have experienced. Do not tell me which ones apply to you, just how many.

List A [Randomly show 50% of the time]

1. I was born in [Kampala/Livingstone/Kapiri/Chirundu]
2. I have more than four sisters
3. I use an umbrella when it's raining

HIVST Among FSW; Uganda and Zambia 3ie studies – baseline questionnaire
Participant Study Forms Version 1.0 (22 May 2016)

4. I have ridden a bicycle
5. I ate vegetables today

List B [Randomly show 50% of the time]

1. I was born in [Kampala/Livingstone/Kapiri/Chirundu]
2. I have more than four sisters
3. I use an umbrella when it's raining
4. I have been forced to have sex when I did not want it
5. I have ridden a bicycle
6. I ate vegetables today

How MANY of these have you experienced:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- Prefer not to answer